

**INCIDENT
IDENTIFICATION
NUMBER**

1010353



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program Development
4700 River Road, Unit 152
Riverdale, MD 20737-1237
Telephone: 301/734-8963

1010353

ENQL 7-1 CY00
PERMANENT
Retire 06/05

June 19, 2000

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
Ariel Rios Building, 1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: **FIFRA, Section 6(a)(2) report: aggregate adverse effects
incidents for the reporting period of
December 1, 1999 - February 29, 2000**

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an aggregate adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide products for the reporting period of December 1, 1999 through February 29, 2000:

EPA Reg. No. 56228-15
Active Ingredient:
Sodium Cyanide

M-44 Cyanide Capsules
CAS No. 143-33-9

Incident Category

No. of Incidents

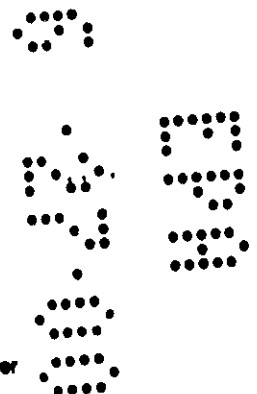
D-A
H-D
W-B

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An Equal Opportunity Employer



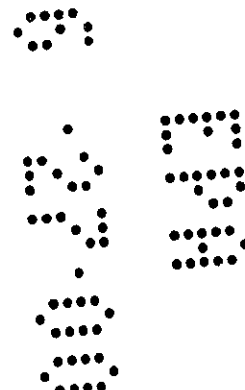
Supplemental reports pertaining to the adverse incidents for this reporting period are attached. Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@usda.gov.

Sincerely,



Carl Bausch
Acting Team Leader, Data Support
Policy and Program Development

Enclosures



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-006

XXXXX
XXXXX

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 12-09-99	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 12-09-99	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)			CONTACT NAME (If non-APHS or different from reporter)	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS	
INCIDENT LOCATION STATE COUNTY			SOURCE OF INFORMATION <input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drip, runoff or other.)

ingestion by dog

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (road, utility, highway))

rangeland/pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT. (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation)

application

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Sodium Cyanide Capsule	ACTIVE INGREDIENT Sodium Cyanide
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain)		WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SUMMARY OF THE INCIDENT (Attach supplemental form)

M-44 device placed for protection of livestock from coyote predation. Two bird hunters who were trespassing on private land released two dogs in area near waterhole. Both dogs pulled M-44's in the area and died.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE 12/15/99
NAME OF SUBMITTER		TELEPHONE NUMBER	

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

DST USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

BREED (if known)

Bird Dogs

German Shorthair

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Two bird dogs pulled M-44 units and died.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

loss of dogs

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

2 sodium cyanide capsules

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44's placed for protection of calves in a sandhill mesquite grassland habitat
Anthony Ranch south

ADDITIONAL FACTORS

NAME OF PREPARER

SIGNATURE

DATE

12/15/99

DATE

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-002

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE H-D	INCIDENT STATUS		DATE WE BECAME AWARE OF THE INCIDENT 12-9-99	DIST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 12-9-99	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS or different from reporter)	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPL

M-44 pulled

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

Agricultural field (harvested corn field)

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mislabeling, reentry, during transport, repair/maintenance of applied equipment, during manufacturing/formulation)

Attempting to move an M-44 resulting in an accidental pull and discharge of the sodium cyanide.

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Cyanide capsules	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUMMARY OF THE INCIDENT? (Attach supplemental form)

was placing an electric fence on leased ground and wanted to place a fence post where an M-44 was located. He used pliers in an attempt to pull the M-44 stake out of the ground. The pliers slipped up to the M-44 top and pulled the M-44. The M-44 discharged into the air. noticed a strange taste and washed his mouth out with water. His wife drove him to Hospital where he was observed for symptoms and released.

NAME OF PREPARED	SIGNATURE	TEL. EXTENSION NUMBER	DATE 12-5-00
NAME OF SUPERVISOR	SIGNATURE	TEL. EXTENSION NUMBER	DATE 12-7-00

HUMAN INCIDENT - SUPPLEMENTAL REPORT

ROUTE OF EXPOSURE

☐ Oral ☒ Respiratory ☐ Eye ☐ Skin

EST USE ONLY

REPORT NUMBER

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS:

A strange taste in his mouth.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

No lab tests were performed.

TIME BETWEEN EXPOSURE AND ONSET OF SYMPTOMS few seconds	WAS ADVERSE EFFECT THE RESULT OF		TYPE OF MEDICAL CARE SOUGHT Hospital emergency room.
	Suicide/homicide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Attempted Suicide/homicide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DEMOGRAPHICS

SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age 64	If female, pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	Occupation Farmer/Rancher
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EXPOSURE DATA

Amount of Pesticide 1 capsule	Duration of Exposure few seconds	Weight of Victim 165	Was the exposure occupational <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes", work days lost to illness related to exposure
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WORE PERSONAL PROTECTIVE EQUIPMENT WORN (if yes, describe)
☐ Yes ☐ No N/A

Rancher was wearing glasses.

ADDITIONAL FACTORS

All M-44s were placed in accordance with the EPA 26 Use Restrictions and state pesticide laws. admitted negligence on his part and accepted responsibility for his actions. Both the Hospital and the Medical Center had been notified via certified mail that M-44s would be used in their area (attachments). had been inspected by Nebraska Department of Agriculture (NDA) Pesticide Inspector Eric Fuentes during the fiscal year. Inspector Fuentes was informed on the evening of the incident and invited to participate in our internal investigation of the matter. Upon hearing the details of the case, he opted not to inspect the incident site, stating that he had recently inspected that he had confidence that was complying with the M-44 label and that negligence on the rancher's part did not indicate misuse of a pesticide on our part.

NAME OF PREPARER	SIGNATURE	DATE 1-5-00
NAME OF SUPERVISOR		DATE 1-7-00

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-003

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 1-10-00 <input type="checkbox"/> Update	Date of last submission		
D-A			1-09-00	
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME of Non-APHS or different from	TELEPHONE NUMBER

DUTY STATION ADDRESS

INCIDENT LOCATION

SOURCE OF INFORMATION

☒ Self ☐ Telephone Call ☐ Letter
☒ Media ☐ Oral Report ☒ Other ODA Poster

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

ALLEGED CONSUMPTION BY DOG

INCIDENT SITE (examples include commercial or residential sites, forests/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

AGRICULTURAL
PRIVATE Property with signed agreement

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples application, mixing/loading, reentry, during transport, repair/maintenance of equipment, during manufacturing/formulation)

M-44s were set on this property to address coyote depredation problems in surrounding area. ALLEGEDLY A DO RUNNING AT LARGE, ENTERED THE PROPERTY AND PULLED THE M-44 SET FOR COYOTES.

EPA REGISTRATION NUMBER <u>56228-15</u>	PRODUCT NAME <u>M-44</u> <u>SODIUM CYANIDE</u>	ACTIVE INGREDIENT <u>SODIUM CYANIDE</u>
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATE (if applicable) <u>N/A CAPSULES</u>	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

M-44s were placed on private property to address coyote depredations to pets, livestock and poultry in surrounding area. Signs were placed at entrances and at each location where individual M-44s were set. A DOG, RUNNING AT LARGE, ALLEGEDLY PULLED THE M-44 and was exposed to cyanide and died. I NEVER OBSERVED DOG ALIVE OR DEAD. DOG OWNER WOULD NOT PRODUCE THE DOG FOR EXAMINATION.

NAME OF PREPARER

SIGNATURE

TELEPHONE NUMBER

DATE

1-13-00

DATE

3/31/00

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

OST USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☐ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

Domestic Dog

BREED (if known)

German Shepherd

April 40 60

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dog was allegedly killed by M-44 device. Dog ^{OWNER'S} WOULD NOT PRODUCE
Dog for Oregon Dept. of Agriculture, Pesticides Investigators.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

OSU Veterinary Diagnostics Lab, indicated that in Blood & Liver tests
Cyanide was present. The tester commented that the low levels
found in the liver indicated that exposure was not likely due
to oral ingestion. A blacklight exam was also conducted for
marker dye present in M-44. No fluorescence was found in or around the mol.
Fluorescence was observed on the back legs, but was weak.

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

M-44s placed according to label

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Agriculture land, planted to
mostly in brush or timber. Property owner gave permission to control
coyotes depredating on pets, livestock and poultry in the area. A guano
was set on game trails within fence line. Property posted w/ No Trespassing
signs & M-44 gate signs. Individual unit signs as required. A dog from
another property (not adjacent), running at large, entered property and killed
was killed by M-44.

ADDITIONAL FACTORS

Dog owners non cooperative


NAME OF PREPARER

DATE

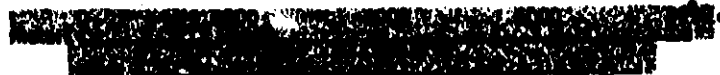
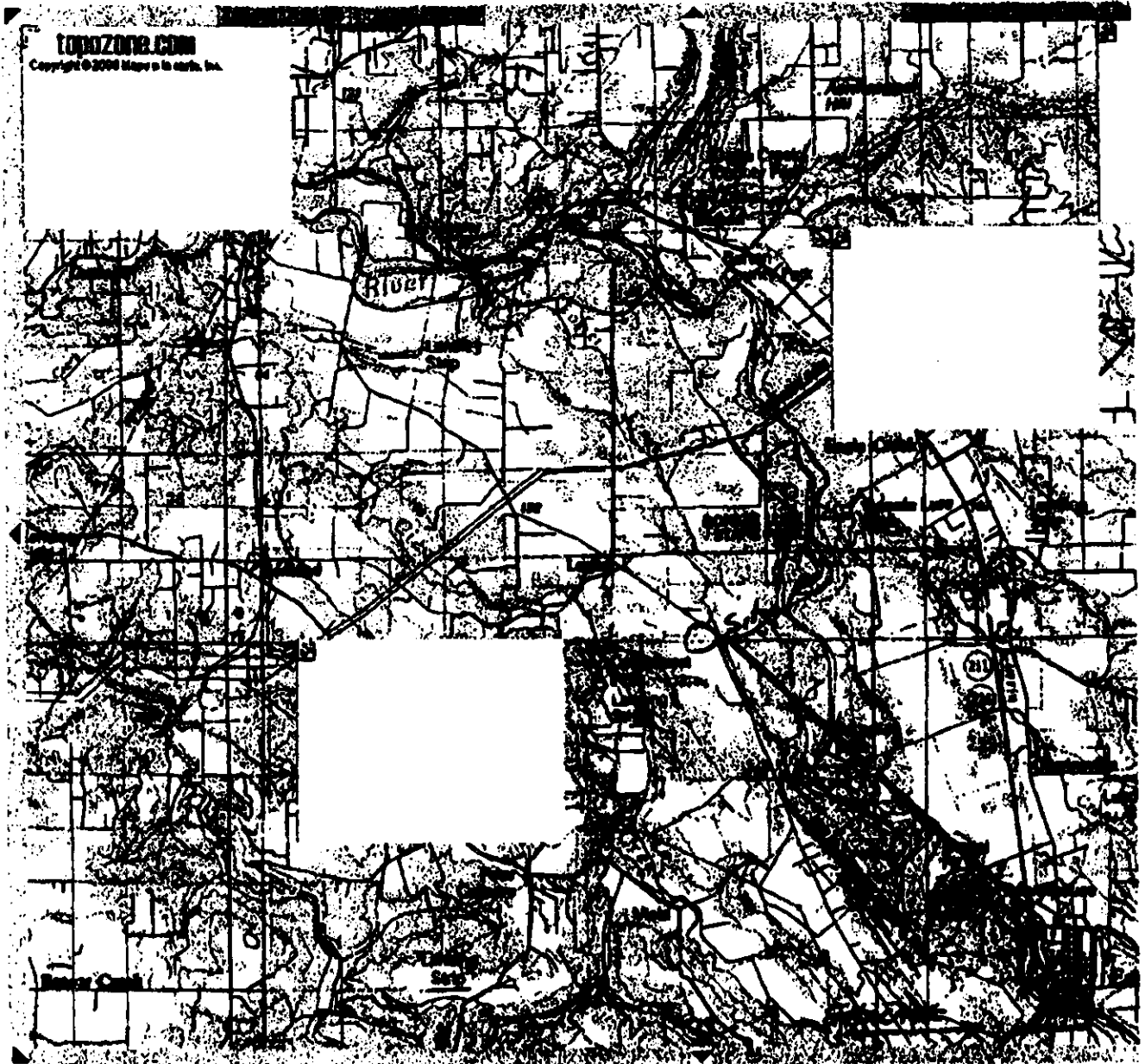
3/31/00

DATE

3/31/00


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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-007

XXXXXX
-007
XXXXXX

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE DA	INCIDENT STATUS		DATE WE BECAME AWARE OF THE INCIDENT 2/10/00	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 1/28/00	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS or different from reporter)	TELEPHONE NUMBER
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE NM	COUNTY San Miguel	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other <u>MIS</u>	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Other - ingestion by dog

INCIDENT SITE (examples include commercial or residential sites, forests/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

Rangeland/Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, rooming, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation)

Application

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Sodium Cyanide Capsule	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE? (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUMMARY OF THE INCIDENT (Attach supplemental form)

M-44 placed for protection of livestock from coyote predation.

Dog pulled device.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE 10-20-00
		TELEPHONE NUMBER	DATE

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

DST USE ONLY

REPORT NUMBER

"I" ONE

☐ Amphibia ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OF ACRES AFFECTED

SPECIES COMMON NAME

Dog

BREED (if known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dog found dead near discharged M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

1 Dog

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

1 Sodium Cyanide in M-44 device

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 placed for livestock protection from coyote predation on
rangeland.

ADDITIONAL FACTORS

None

NAME OF DEPRETOR

SIGNATURE

DATE

DATE

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-008

~~XXXXX~~
XXXXX

6(d)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-B	INCIDENT STATUS		DATE WE BECAME AWARE OF THE INCIDENT 12/10/99	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 2/2/00	<input type="checkbox"/> Update		
TELEPHONE NUMBER		CONTACT NAME (if Non-APHIS or different from reporter)		TELEPHONE NUMBER
CITY		ADDRESS		
STATE		SOURCE OF INFORMATION		
COUNTY		<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other MIS		

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Other - ingestion by crow

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow fields, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

Rangeland/Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, resupply, during transport, repair/maintenance of applicator, equipment, during manufacturing/formulation)

Application

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Sodium Cyanide Capsule	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

M-44 placed for protection of livestock from coyote predation. Crow pulled device.

NAME OF PREPARER	TELEPHONE NUMBER	DATE 02/02/00
NAME OF SUPERVISOR	TELEPHONE NUMBER	DATE 02/02/00

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

DST USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☒ Bird ☐ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☐ Domestic ☒ Wild

NUMBER OF ACRES AFFECTED

SPECIES COMMON NAME

American Crow

BREED (if known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Bird found dead near discharged M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

1 American Crow

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

1 Sodium Cyanide in M-44 device

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 placed for livestock protection from coyote predation on
rangeland.

ADDITIONAL FACTORS

None

NAME OF PREPARER

SIGNATURE

DATE

SIGNATURE

DATE

02/02/00